



History & Physical Examination of Gastrointestinal system

Abdominal pain:

Chief Complain : Abdominal pain	
Question	Indications
Site and Duration	
Where is the pain?	
When the pain began? And how often it occurs?	
Describe abdominal pain characteristic	Using (PQRST)
Provocation:	
Does eating worsen the pain?	Pancreatitis, gastric ulcer, mesenteric ischemia.
Does eating elevate the pain?	Duodenal ulcer, gastroesophageal reflux disease.
Quality:	
Is the pain "Tearing"?	Aortic dissection.
Is the pain "Crampy"?	Detention of a hollow tube (ie, bowel, bile duct or ureter)
Is the pain dull or heartburning?	Peptic ulcer disease
Is the pain associated with nausea and Vomiting?	Pancreatitis, bowel obstruction, biliary colic.
Is the emesis bloody?	Gastroesophageal reflux disease, gastric or esophageal varices, PUD, gastric cancer, aortoenteric fistula.
Radiation:	

Does the pain radiate to the back?	Pancreatitis, duodenal ulcer, gastric ulcer, aortic dissection.
Does the pain radiate right shoulder?	Biliary colic, cholecystitis.
Does the pain radiate left shoulder?	Splenomegaly, splenic infarction.
Does the pain radiate to the left arm and neck?	Myocardial ischemia.
Severity:	
Did the pain your lower right abdomen Suddenly improve from 8 or 9 to a 2 or 3?	Perforated appendix.
Did the pain hurt the most at its onset?	Aortic dissection.
Timing:	
Is the pain continues with intermittent waves of worsening pain?	Biliary colic, renal colic, bowel obstruction.
Are there multiple waves of pain that increase in intensity, them stops abruptly for short periods?	Small bowel obstruction.
Risk Factors	
Past Medical History	
Family History	
Social History	



Done By

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